MABAS DIVISIONS 4 & 5 SRT

Dive Checklist / Rapid Field Neuro
(Water Rescue & Recovery)

Date of Incident: _____   Time of Incident: _____

Location of Incident: _____

DIVE CHECKLIST

Diver Name: _____   Department: _____

Tender: _____   Dive No: _____

☐ Hood	Starting Tank Pressure (PSI): _____
☐ Full Face Mask	Start Dive Time: _____
☐ Drysuit Zipped	
☐ Harness/Carabineer/Shackle	Max. Depth for Dive: _____
☐ Buoyancy Compensator	Tank Pressure: _____ PSI 5 Minutes
☐ Regulator	Tank Pressure: _____ PSI _____ Minutes
☐ Depth Gauge/Pressure Gauge	Tank Pressure: _____ PSI _____ Minutes
☐ Octopus/Alternate Air	Ending Tank Pressure: _____
☐ Compass	
☐ Gloves	End Dive Time: _____
☐ 2 Cutting Tools	Max. Depth: _____
☐ Weight System _____ lbs.	Total Dive Time: _____
☐ Ankle Weights	
☐ Fins	Rapid Field Neuro Exam: ☐ Pos ☐ Neg
☐ Review Objectives	
☐ Establish Initial Pattern	
☐ Review Found Object Protocol	_____
☐ Comm. Check/Review Line Signals	Tender Signature
☐ Review Diver in Distress Protocol	
☐ Review Emergency Procedures	_____
	Dive Supervisor Signature

Additional Notes/Observations:

MABAS DIVISIONS 4 & 5 SRT

Dive Checklist / Rapid Field Neuro
(Water Rescue & Recovery)

RAPID FIELD NEURO

Name: _____ Date: _____ Time: _____

		PRE-DIVE		POST-DIVE	
MENTAL STATUS (Does the Diver Know...)	Their Name	☐ Yes	☐ No	☐ Yes	☐ No
	Where They Are	☐ Yes	☐ No	☐ Yes	☐ No
	Time of Day	☐ Yes	☐ No	☐ Yes	☐ No
	Most Recent Activity	☐ Yes	☐ No	☐ Yes	☐ No
	Speech is Clear & Correct	☐ Yes	☐ No	☐ Yes	☐ No
SIGHT	Correctly Counts Fingers	☐ Yes	☐ No	☐ Yes	☐ No
	Vision is Clear	☐ Yes	☐ No	☐ Yes	☐ No
EYE MOVEMENTS	Move All 4 Directions	☐ Yes	☐ No	☐ Yes	☐ No
	Nystagmus Absent	☐ Yes	☐ No	☐ Yes	☐ No
	Teeth Clench, OK	☐ Yes	☐ No	☐ Yes	☐ No
FACIAL MOVEMENTS	Able to Wrinkle Forehead	☐ Yes	☐ No	☐ Yes	☐ No
	Tongue Moves in All 4 Directions	☐ Yes	☐ No	☐ Yes	☐ No
	Smile Symmetrical	☐ Yes	☐ No	☐ Yes	☐ No
HEAD/SHOULDER MOVEMENTS	Swallow / "Adams's Apple" Moves	☐ Yes	☐ No	☐ Yes	☐ No
	Shoulder Shrug Normal, Equal	☐ Yes	☐ No	☐ Yes	☐ No
	Head Movements Normal, Equal	☐ Yes	☐ No	☐ Yes	☐ No
HEARING	Normal for the Diver	☐ Yes	☐ No	☐ Yes	☐ No
	Equal in Both Ears	☐ Yes	☐ No	☐ Yes	☐ No
SENSATIONS (Present, Normal & Symmetrical)	Face	☐ Yes	☐ No	☐ Yes	☐ No
	Chest	☐ Yes	☐ No	☐ Yes	☐ No
	Abdomen	☐ Yes	☐ No	☐ Yes	☐ No
	Arms	☐ Yes	☐ No	☐ Yes	☐ No
	Hands	☐ Yes	☐ No	☐ Yes	☐ No
	Legs	☐ Yes	☐ No	☐ Yes	☐ No
	Feet	☐ Yes	☐ No	☐ Yes	☐ No
	Buttocks	☐ Yes	☐ No	☐ Yes	☐ No
MUSCLE TONE (Present, Normal & Symmetrical)	Arms	☐ Yes	☐ No	☐ Yes	☐ No
	Legs	☐ Yes	☐ No	☐ Yes	☐ No
	Hand Grips	☐ Yes	☐ No	☐ Yes	☐ No
	Feet	☐ Yes	☐ No	☐ Yes	☐ No
BALANCE & COORDINATION	Romberg, OK?	☐ Yes	☐ No	☐ Yes	☐ No
	Heel/Shin Side, OK?	☐ Yes	☐ No	☐ Yes	☐ No
	Alternating Hand Movements, OK?	☐ Yes	☐ No	☐ Yes	☐ No
VITAL SIGNS	B/P _____	☐ Yes	☐ No	☐ Yes	☐ No
	Pulse/Respirations _____	☐ Yes	☐ No	☐ Yes	☐ No